

# ATSDR Federal Quarterly Report

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**DIVISION : HS**

**AF BRAC I/II/III**

**KELLY AIR FORCE BASE**

**TX2571724333**

**TX**

**ACTIVITY : HST** --- Final Report (Health Data Review)

**DOC RELEASE:** Pre Draft

SCHEDULED START: Oct-01-2002

SCHEDULED COMPLETION: Sep-30-2005

ACTUAL COMPLETION:

Consultation and final report for Kelly AFB

Fourth Quarter Activities For Kelly Air Force Base; there are two documents we are working on:

- 1) Health Consultation, Health Outcome Data Evaluation, Kelly Air Force Base. This has been printed in English and we are awaiting the Spanish version. Once we receive that, we will send a copy to each person on the Kelly mailing list.
- 2) Health Outcome Data, Leukemia Update, Kelly Air Force Base. This has gone through peer review, clearance and editorial. We are submitting it to the printer.

Both reports will be released to the public when the Spanish translation report is available.

Currently Alden Henderson is assisting the San Antonio Metro Health as a Technical Advisor on a project to examine the elevated prevalence of liver cancer and leukemia in zip codes around San Antonio.

**NAVY DERA****CAMP LEJEUNE MILITARY RES. (USNAVY)****NC6170022580****NC****ACTIVITY : HST --- Protocol (Protocol Development)**

SCHEDULED START: Oct-01-2002

SCHEDULED COMPLETION: Sep-30-2005

ACTUAL COMPLETION:

Childhood Leukemia and Birth Defects

Camp Lejeune Fourth Quarter Report/FY 2005 (July, August, &amp; September)

1. ATSDR's response to the recommendations from the February 2005 expert panel meeting was posted on the ATSDR Camp Lejeune Web site on August 26, 2005. Additionally, ATSDR representatives met with Lt. Gen. Kelly to brief him on the response and update him on the current study.

2. Telephone interviewing of cases and controls concluded in July 2005. Parents of 68 cases were interviewed and parents of 547 controls were interviewed.

3. ATSDR received a draft final dataset from Westat, the contractor for the Camp Lejeune study.

4. As of September 9, 2005, the status of the reported cases (by case type) is as follows:

•NTDs (consisting of anencephaly and spina bifida):

16 confirmed as having NTDs; 10 confirmed as not having NTDs; 2 were ineligible; 1 refused to participate; and 6 are still pending confirmation.

•Oral clefts (consisting of cleft lip and/or cleft palate):

24 confirmed as having oral clefts; 6 confirmed as not having oral cleft defects; 3 refused to participate; and 9 are still pending confirmation.

16 confirmed as hematopoietic cancers; 6 confirmed as not having hematopoietic cancers; 3 were ineligible; 2 refused to participate; and 2 are still pending confirmation.

(The survey identified the following 106 reported cases of selected birth defects and cancers: 35 neural tube defects (NTDs), 42 oral cleft defects, and 29 childhood hematopoietic cancers.)